File No Date Received:	Fee: Initials:
Scheduled Public Hearing Date: Check or Receipt No APPLICATION FOR SUBDIVISION WITHOUT PLAT CITY OF GAHANNA PLANNING COMMISSION	
Applicant's Name:*	
Company:	Phone: Fax:
Status: Land Owner Opti	on Holder Cont. Purchaser Agent
Property Location:Reason for Request:	
Current Zoning: Total Acreage Landowner:	
Address:	
Applicant's Signature	Date
To be approved by: Planning Comm	ission (buildable lot) Administratively
In accordance with Section 1106 of the Codified Ordin as stated above, has been approved.	nances of Gahanna, Ohio, I hereby certify that this Lot Split
Zoning Administrator	Date
Director of Public Service	Date

*Note: All correspondence will be to applicant above unless otherwise stated.

City Engineer

Revised May 2003

Date